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Image# 201604159012468655

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X   F	For Other Than	An Authorized	Committee			Office Use Only	
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing, r the lines.	type	12FE4M5		
Wellcare Health Plans	, Inc. PAC (We	ellCare PAC)					
				1 1 1			
ADDRESS (number and street)	8735 Henderson F	Road					
Check if different than previously reported. (ACC)	Tampa				FL	33634	
2. FEC IDENTIFICATION NU	JMBER ▼	CITY 🛦		8	STATE A	ZIP C	ODE 🛦
C C00390575		3. IS THIS REPORT	× NEV	V OR	AN (A)	IENDED	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2)  Mar 20 (M3)  Apr 20 (M4)	Jun	20 (M5) 20 (M6) 20 (M7)	Sep	20 (M8) 20 (M9) 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (C) July 15 Quarterly Report (C) October 15 Quarterly Report (C) January 31 Year-End Report (Y)	PRE-Ele Report 1	ection	Primary (12P)  Convention (12C		General (		
July 31 Mid-Year Report (Non-electio Year Only) (MY)  Termination Report (TER)	(d) 30-Day		General (30G)	D /	Runoff (3	oR) in the State	
5. Covering Period 01		2016	through	03	31	2016	]
I certify that I have examined th		e best of my know	wledge and belie	ef it is tru	e, correct and	d complete.	
Type or Print Name of Treasure	r Maurice Hebert						
Signature of Treasurer Maur	rice Hebert		[Electronically Fil	<i>led]</i> D	ate 04	15	2016
NOTE: Submission of false, errone	eous, or incomplete i	nformation may su	bject the person	signing th	is Report to th	ne penalties of 2	U.S.C. §437g.
Office Use						FEC FOI Rev. 12/	

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Wellcare Health Plans, Inc. PAC (WellCare PAC) 01 2016 03 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 147436.88 January 1, 2016 (b) Cash on Hand at 147436.88 Beginning of Reporting Period..... 48151.89 48151.89 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 195588.77 195588.77 6(a) and 6(c) for Column B)..... 111750.00 111750.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 83838.77 83838.77 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

> Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Wellcare Health	Plans,	Inc. PAC	(WellCare	PAC)
-----------------	--------	----------	-----------	------

I. Receipts	COLUMN A	COLUMN B
i. neceipts	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	10050 11	
(i) Itemized (use Schedule A)	16353.44	16353.44
	31798.45	31798.45
(ii) Unitemized	31790.43	31798.43
(iii) TOTAL (add	48151.89	48151.89
Lines 11(a)(i) and (ii)▶	40131.09	7 10.0
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	7	
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	48151.89	48151.89
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
· _	7	
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	7	
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
=		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(.,	7	7
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	7	
T. 15 / 111: / / 1		
Total Receipts (add Lines 11(d),	10454.00	40454.00
12, 13, 14, 15, 16, 17, and 18(c))▶	48151.89	48151.89
Total Federal Receipts		
iolal i eueral necelpis	48151.89	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period						
21.	Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date					
	(i) Federal Share	0.00	0.00					
	(ii) Non-Federal Share	0.00	0.00					
	(b) Other Federal Operating							
	Expenditures	0.00	0.00					
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00					
2.	Transfers to Affiliated/Other Party							
3.	Committees Contributions to	0.00	0.00					
	Federal Candidates/Committees and Other Political Committees	92500.00	92500.00					
4.	Independent Expenditures	0.00	0.00					
5.	(use Schedule E)Coordinated Party Expenditures	7	1.00					
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00					
6	Loan Repayments Made	0.00	0.00					
٠.	Hadominio							
	Loans MadeRefunds of Contributions To:	0.00	0.00					
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00					
	(b) Political Party Committees	0.00	0.00					
	(c) Other Political Committees (such as PACs)	0.00	0.00					
	(d) Total Contribution Refunds							
	(add Lines 28(a), (b), and (c))▶	0.00	0.00					
9.	Other Disbursements	19250.00	19250.00					
Ο.	Other Dissursements	13230.00	7					
0.	Federal Election Activity (2 U.S.C. §431(20))							
	(a) Allocated Federal Election Activity (from Schedule H6)							
	(i) Federal Share	0.00	0.00					
	(ii) III assign Obassa	0.00	0.00					
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00					
	With Federal Funds	0.00	0.00					
	(c) Total Federal Election Activity (add	0.00	0.00					
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	3.00	0.00					
1.	Total Disbursements (add Lines 21(c), 22,							
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	111750.00	111750.00					
2.	Total Federal Disbursements							
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	100000000000000000000000000000000000000						
	from Line 31)	111750.00	111750.00					

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	48151.89	48151.89
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48151.89	48151.89
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 78 (check only one)

X 11a 11b 11c 12

13 14 15 16 17

TEMELE RECENT TO		Detailed Summary Page	<u>×</u>	11a 13		11	1b 4	11	1c 5	12 16		17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n				or the		po	se of	solic	citing	contrib		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCa	are PAC)										
Full Name (Last, First, Middle Initial)  A. Harvey D. Anderson				Date of	Re	ece	eipt					
Mailing Address 8735 Henderson Road				M = M	/	ľ	D D D	/	Y	Y = Y 2016	Y	
City Tampa	State FL	Zip Code 33634		Trans Amount			n ID : S				d	
FEC ID number of contributing federal political committee.	C			-		7			7	38	3.46	
' '	Occupation health care			Mer	mo l	ltei	m					
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76										
Full Name (Last, First, Middle Initial)  Margaret Anderson			ı	Date of	Re	ece	eipt					
Mailing Address 8735 Henderson Road				M = M 02	/		12	/		y y y 2016	Y	
City Tampa	State FL	Zip Code 33634		Trans:							d	
FEC ID number of contributing federal political committee.	С					7			,	96	5.15	
WollCare Health Blane Inc	Occupation health care			Mei	mo I	lte	m					
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 288.45										
Full Name (Last, First, Middle Initial)  C. Margaret Anderson			ı	Date of	Re	ece	eipt					
Mailing Address 8735 Henderson Road				M M M	/		26	/	Y	y y 2016	Y	
City Tampa	State FL	Zip Code 33634	/	Trans Amount			n ID : S ach Re				d	
FEC ID number of contributing federal political committee.	С					7		_	,	96	5.15	
' '	Occupation health care			Mer	mo I	lte	m					
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60										
SUBTOTAL of Receipts This Page (optional)						7			7	230	.76	
TOTAL This Period (last page this line number or	nly)											

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one)

111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions
$\rangle$	NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCa	re PAC)	
Α.	Full Name (Last, First, Middle Initial)  Margaret Anderson  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State FL  C  Occupation health care Aggregate	Zip Code 33634 Year-to-Date ▼	Date of Receipt  03 11 2016  Transaction ID: SA11AI.24537  Amount of Each Receipt this Period  96.15  Memo Item
В.	Full Name (Last, First, Middle Initial)  Margaret Anderson  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify)   Other (specify)	State FL  C  Occupation health care Aggregate	Zip Code 33634 Year-to-Date ▼ 576.90	Date of Receipt  03 25 2016  Transaction ID : SA11AI.24784  Amount of Each Receipt this Period  96.15  Memo Item
c.	Full Name (Last, First, Middle Initial)  Timothy W. Atkinson  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State FL  C  Occupation health care Aggregate	Zip Code 33634 Year-to-Date ▼	Date of Receipt  03
s	UBTOTAL of Receipts This Page (optional)			230.76
т	OTAL This Period (last page this line number o	only)		

FOR LINE NUMBER: **PAGE** 8 OF 78 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Angel L. Ballew Date of Receipt Mailing Address 8735 Henderson Road 2016 25 City State Zip Code Transaction ID: SA11AI.24807 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 01 29 2016 City State Zip Code Transaction ID: SA11AI.23724 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384,60 Full Name (Last, First, Middle Initial) c. Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 02 12 2016 City State Zip Code Transaction ID: SA11AI.23967 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 423.06 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 9 OF 78 Use separate schedule(s) for each category of the (check only one)

	EWIZED RECEIPTS		Detailed Summary Page	>	11a 13		11b 14		11c 15	12 16		17
	y information copied from such Reports and Sta for commercial purposes, other than using the r								oliciting	contri	butio	
$\rangle$	Wellcare Health Plans, Inc. PAC	(WellCa	are PAC)									
۹.	Full Name (Last, First, Middle Initial) Kenneth A. Burdick				Date of	Re	ceip	t				
	Mailing Address 8735 Henderson Road				M = M 02	/	L	26	L	2016		
	City Tampa	State FL	Zip Code 33634						A11AI.			
	FEC ID number of contributing federal political committee.	C	33034		Amount	of	Each	h Rec	ceipt th	-	od 92.30	
	Name of Employer WellCare Health Plans, Inc.	Occupation health care			Mer	mo I	tem					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20									
3.	Full Name (Last, First, Middle Initial) Kenneth A. Burdick				Date of	Re	ceip	t				
	Mailing Address 8735 Henderson Road				M M M	1		11	/ Y	2016		1
	City Tampa	State FL	Zip Code 33634		Trans Amount				A11AI.2 eipt th		od	_
	FEC ID number of contributing federal political committee.	С					7		7	19	92.30	
	Name of Employer WellCare Health Plans, Inc.	Occupation health care			Mei	mo l	ltem					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 961.50									
— Э.	Full Name (Last, First, Middle Initial) Kenneth A. Burdick				Date of	Re	ceip	t				
	Mailing Address 8735 Henderson Road				M M	/		25	/ Y	2016		
	City Tampa	State FL	Zip Code 33634	_	Trans Amount				A11AI.: eipt th		od	_
	FEC ID number of contributing federal political committee.	С					7		7	19	92.30	
	Name of Employer	Occupation		$\dashv$	Mei	mo l	tem					
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	health care										
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	]								
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			T.		/III	57	6.90	П
	OTAL This Period (last page this line number or		<u> </u>	- •			1		7			Ī

FOR LINE NUMBER: PAGE 10 OF 78 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John Burke Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.23975 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. John Burke Date of Receipt Mailing Address 8735 Henderson Road 02 26 2016 City State Zip Code Transaction ID: SA11AI.24262 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384,60 Full Name (Last, First, Middle Initial) c. John Burke Date of Receipt Mailing Address 8735 Henderson Road 03 11 2016 City State Zip Code Transaction ID: SA11AI.24528 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF 78 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John Burke Date of Receipt Mailing Address 8735 Henderson Road 2016 25 City State Zip Code Transaction ID: SA11AI.24775 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. Robert A. Champagne Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24825 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Thomas Clegg Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24846 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	F	OR	LINE	NU	MBER	:	PAGE	1	12	OF	78	,
Use separate schedule(s)	(0	(check only one)										
for each category of the Detailed Summary Page		X	11a		11b		11c		12			
			13		14		15		16		17	7

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ann C. Cox Date of Receipt Mailing Address 8735 Henderson Road 2016 25 City State Zip Code Transaction ID: SA11AI.24854 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Justin R. Cramer Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24824 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Christopher C. Cubero Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24821 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	_	FOR LINE NUMBER: PAGE 13 OF										
Use separate schedule(s) for each category of the	(che	ck only	ne)									
Detailed Summary Page	×	11a		11b		11c		12				
zotanou cummary r ago		13		14		15		16		17		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) David Cure Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.23977 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. David Cure Date of Receipt Mailing Address 8735 Henderson Road 02 26 2016 City State Zip Code Transaction ID: SA11AI.24264 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384,60 Full Name (Last, First, Middle Initial) c. David Cure Date of Receipt Mailing Address 8735 Henderson Road 03 11 2016 City State Zip Code Transaction ID: SA11AI.24530 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF 78 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) David Cure Date of Receipt Mailing Address 8735 Henderson Road 2016 25 City State Zip Code Transaction ID: SA11AI.24777 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. William W. Davies Date of Receipt Mailing Address 8735 Henderson Road 02 12 2016 City State Zip Code Transaction ID: SA11AI.23991 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 288,45 Full Name (Last, First, Middle Initial) c. William W. Davies Date of Receipt Mailing Address 8735 Henderson Road 26 02 2016 City State Zip Code Transaction ID: SA11AI.24278 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	F	FOR LINE NUMBER: PAGE 15 OF										
Use separate schedule(s)	(c	he	ck only	or	ne)							
for each category of the Detailed Summary Page		×	11a		11b		11c		12			
			13		14		15		16			17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	• •	
Full Name (Last, First, Middle Initial)  William W. Davies  Mailing Address 8735 Henderson Road		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  480.75	Transaction ID : SA11AI.24544  Amount of Each Receipt this Period  96.15  Memo Item
Full Name (Last, First, Middle Initial)  William W. Davies  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  576.90	Date of Receipt  M 03 25 2016  Transaction ID: SA11AI.24791  Amount of Each Receipt this Period  96.15  Memo Item
Full Name (Last, First, Middle Initial) Christopher C. Dawes  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  230.76	Date of Receipt  M M M
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Francis P. Dempsey Date of Receipt Mailing Address 8735 Henderson Road 2016 25 City State Zip Code Transaction ID: SA11AI.24814 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Edmondson Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24840 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) **c.** Thomas M. Everett Date of Receipt Mailing Address 8735 Henderson Road 25 03 2016 City State Zip Code Transaction ID: SA11AI.24819 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Traci L. Ferguson Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.23972 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Traci L. Ferguson Date of Receipt Mailing Address 8735 Henderson Road 02 26 2016 City State Zip Code Transaction ID: SA11AI.24259 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384,60 Full Name (Last, First, Middle Initial) c. Traci L. Ferguson Date of Receipt Mailing Address 8735 Henderson Road 03 11 2016 City State Zip Code Transaction ID: SA11AI.24525 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify)

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Traci L. Ferguson Date of Receipt Mailing Address 8735 Henderson Road 25 2016 City State Zip Code Transaction ID: SA11AI.24772 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. Marjorie P. Forgang Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24828 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) **c.** Vincent L. Frakes Date of Receipt Mailing Address 8735 Henderson Road 25 03 2016 City State Zip Code Transaction ID: SA11AI.24818 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Dana French Date of Receipt Mailing Address 8735 Henderson Avenue 2016 25 City State Zip Code Transaction ID: SA11AI.24801 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth A. Gianini Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24832 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) **c.** Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 02 12 2016 City State Zip Code Transaction ID: SA11AI.23973 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify)

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 2016 26 City State Zip Code Transaction ID: SA11AI.24260 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 03 11 2016 City State Zip Code Transaction ID: SA11AI.24526 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 480.75 Full Name (Last, First, Middle Initial) **c.** Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 25 03 2016 City State Zip Code Transaction ID: SA11AI.24773 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 21 OF 78 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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$\rangle$	NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Δ.	, ,	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼	Date of Receipt  02 26 2016  Transaction ID: SA11AI.24255  Amount of Each Receipt this Period  192.30  Memo Item
В.	Full Name (Last, First, Middle Initial) Elizabeth Goodman Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  Wall Care Health Plans, Inc.	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼	Date of Receipt  03 11 2016  Transaction ID: SA11Al.24521  Amount of Each Receipt this Period  192.30  Memo Item
<b>C</b> .	Full Name (Last, First, Middle Initial) Elizabeth Goodman Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼	Date of Receipt  03
s	Primary General Other (specify) ▼  UBTOTAL of Receipts This Page (optional)	1153.80	576.90
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$\rangle$	NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare	PAC)	
Α.	Full Name (Last, First, Middle Initial) Lori A. Gordon  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State FL  C  Occupation health care Aggregate Year	Zip Code 33634 7-to-Date ▼ 230.76	Date of Receipt  03 25 2016  Transaction ID: SA11Al.24822  Amount of Each Receipt this Period  38.46  Memo Item
В.	Full Name (Last, First, Middle Initial)  Lori-Don M. Gregory  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  Other (specify) ▼	State FL  C  Occupation health care Aggregate Year	Zip Code 33634 7-to-Date ▼ 230.75	Date of Receipt  03 11 2016  Transaction ID: SA11AI.24551  Amount of Each Receipt this Period  46.15  Memo Item
C.	Full Name (Last, First, Middle Initial) Lori-Don M. Gregory  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)		Zip Code 33634 7-to-Date ▼ 276.90	Date of Receipt  03
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc.	PAC (WellCare PAC)		
Full Name (Last, First, Middle Initial) Patricia B. Guay  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For: Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date		Date of Receipt  03 25 2016  Transaction ID: SA11AI.24817  Amount of Each Receipt this Period  38.46  Memo Item
Full Name (Last, First, Middle Initial)  Michael Haber  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C Occupation health care  Aggregate Year-to-Date		Date of Receipt    02
Full Name (Last, First, Middle Initial)  Michael Haber  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date		Date of Receipt  02 26 2016  Transaction ID: SA11AI.24275  Amount of Each Receipt this Period  96.15  Memo Item
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael Haber Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.24541 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Haber Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24788 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 576,90 Full Name (Last, First, Middle Initial) c. Colleen Hagan Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24841 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jason Hamilton Date of Receipt Mailing Address 8735 Henderson Road 2016 25 City State Zip Code Transaction ID: SA11AI.24803 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Craig M. Hansen Date of Receipt Mailing Address 8735 Henderson Road 02 12 2016 City State Zip Code Transaction ID: SA11AI.23985 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 288,45 Full Name (Last, First, Middle Initial) c. Craig M. Hansen Date of Receipt Mailing Address 8735 Henderson Road 26 02 2016 City State Zip Code Transaction ID: SA11AI.24272 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAG	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Craig M. Hansen  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  480.75	Date of Receipt  03 11 2016  Transaction ID: SA11Al.24538  Amount of Each Receipt this Period  96.15  Memo Item
Full Name (Last, First, Middle Initial)  Craig M. Hansen  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary  General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  576.90	Date of Receipt  03
Full Name (Last, First, Middle Initial)  Merrill J. Hausenfluck  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼	Date of Receipt  03 25 2016  Transaction ID: SA11Al.24849  Amount of Each Receipt this Period  38.46  Memo Item
SUBTOTAL of Receipts This Page (optional)		230.76
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FOR LINE NUMBER: PAGE 28 OF 78 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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Full Name (Last, First, Middle Initial)  Maurice Hebert  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  576.90	Date of Receipt  03 25 2016  Transaction ID: SA11Al.24771  Amount of Each Receipt this Period  96.15  Memo Item					
Full Name (Last, First, Middle Initial)  Quinn A. Henderson  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  230.76	Date of Receipt  03 25 2016  Transaction ID: SA11AI.24831  Amount of Each Receipt this Period  38.46  Memo Item					
Full Name (Last, First, Middle Initial)  Troy Hildreth  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  230.76	Date of Receipt    M					
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Robert L. Hilliard Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.23981 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Robert L. Hilliard Date of Receipt Mailing Address 8735 Henderson Road 02 26 2016 City State Zip Code Transaction ID: SA11AI.24268 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384.60 Full Name (Last, First, Middle Initial) c. Robert L. Hilliard Date of Receipt Mailing Address 8735 Henderson Road 03 11 2016 Zip Code City State Transaction ID: SA11AI.24534 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General

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Other (specify)

FOR LINE NUMBER: PAGE 31 OF 78 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Robert L. Hilliard Date of Receipt Mailing Address 8735 Henderson Road 2016 25 City State Zip Code Transaction ID: SA11AI.24781 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. William Hinsdale Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24848 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Laura Hungiville Date of Receipt Mailing Address 8735 Henderson Road 02 12 2016 City State Zip Code Transaction ID: SA11AI.23986 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and SI or for commercial purposes, other than using the	atements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Laura Hungiville  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  384.60	Date of Receipt  02 26 2016  Transaction ID: SA11Al.24273  Amount of Each Receipt this Period  96.15  Memo Item
Full Name (Last, First, Middle Initial)  Laura Hungiville  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  480.75	Date of Receipt  03 11 2016  Transaction ID : SA11AI.24539  Amount of Each Receipt this Period  96.15  Memo Item
Full Name (Last, First, Middle Initial)  Laura Hungiville  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  576.90	Date of Receipt  03
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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Goran Jankovic Date of Receipt Mailing Address 8735 Henderson Road 2016 25 City State Zip Code Transaction ID: SA11AI.24853 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 02 12 2016 City State Zip Code Transaction ID: SA11AI.23994 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 288.45 Full Name (Last, First, Middle Initial) c. Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 26 02 2016 City State Zip Code Transaction ID: SA11AI.24281 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.24547 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24794 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 576,90 Full Name (Last, First, Middle Initial) c. Walter C. Johnson Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24808 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Laura A. Jones Date of Receipt Mailing Address 8735 Henderson Road 2016 25 City State Zip Code Transaction ID: SA11AI.24850 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Kensicki Date of Receipt Mailing Address 8735 Henderson Road 02 12 2016 City State Zip Code Transaction ID: SA11AI.23978 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 288.45

Full Name (Last, First, Middle Initial)  Paul Kensicki		Date of Receipt
Mailing Address 8735 Henderson Road		02 26 2016
City	State Zip Code	Transaction ID : SA11AI.24265
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	384.60	

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Paul Kensicki Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.24531 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Kensicki Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24778 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 576,90 Full Name (Last, First, Middle Initial) c. John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 02 12 2016 City State Zip Code Transaction ID: SA11AI.23979 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify)

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 2016 26 City State Zip Code Transaction ID: SA11AI.24266 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 03 2016 11 City State Zip Code Transaction ID: SA11AI.24532 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 480.75 Full Name (Last, First, Middle Initial) c. John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24779 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Roman T. Kulich Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.23980 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Roman T. Kulich Date of Receipt Mailing Address 8735 Henderson Road 02 26 2016 City State Zip Code Transaction ID: SA11AI.24267 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384,60 Full Name (Last, First, Middle Initial) c. Roman T. Kulich Date of Receipt Mailing Address 8735 Henderson Road 03 11 2016 City State Zip Code Transaction ID: SA11AI.24533 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (V	VellCare PAC)	
Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  Other (specify) ▼  Other	State Zip Code FL 33634  Cupation alth care ggregate Year-to-Date   576.90	Date of Receipt  03 25 2016  Transaction ID: SA11Al.24780  Amount of Each Receipt this Period  96.15  Memo Item
Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634  Coupation alth care aggregate Year-to-Date  288.45	Date of Receipt  02 12 2016  Transaction ID: SA11Al.23995  Amount of Each Receipt this Period  96.15  Memo Item
Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Property For:	State Zip Code FL 33634  Cuupation alth care ggregate Year-to-Date   384.60	Date of Receipt  02 26 2016  Transaction ID: SA11AI.24282  Amount of Each Receipt this Period  96.15  Memo Item
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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jeffry P. Lannigan Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.24548 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffry P. Lannigan Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24795 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 576,90 Full Name (Last, First, Middle Initial) c. Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 02 12 2016 City State Zip Code Transaction ID: SA11AI.23993 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 2016 26 City State Zip Code Transaction ID: SA11AI.24280 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation health care WellCare Health Plans, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 03 2016 11 City State Zip Code Transaction ID: SA11AI.24546 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 480.75 Full Name (Last, First, Middle Initial) c. Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 25 03 2016 City State Zip Code Transaction ID: SA11AI.24793 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (W	/ellCare PAC)	
Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify) ▼  Occurrence  Age	tate Zip Code FL 33634  Cupation Ith care gregate Year-to-Date   230.76	Date of Receipt  03 25 2016  Transaction ID: SA11AI.24855  Amount of Each Receipt this Period  38.46  Memo Item
Tampa F  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:	3000	Date of Receipt  02 12 2016  Transaction ID: SA11AI.23976  Amount of Each Receipt this Period  96.15  Memo Item
Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Descript For:	tate Zip Code FL 33634  Supation Ith care gregate Year-to-Date   384.60	Date of Receipt  02
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

Carole A. Matyas

Mailing Address 8735 Henderson Road

<u>/</u>		
Full Name (Last, First, Middle Initial) Carole A. Matyas  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼	Date of Receipt  03 11 2016  Transaction ID: SA11AI.24529  Amount of Each Receipt this Period  96.15  Memo Item
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Carole A. Matyas  Mailing Address 8735 Henderson Road	480.75	Date of Receipt
City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify) ▼	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  576.90	Transaction ID : SA11Al.24776  Amount of Each Receipt this Period  96.15  Memo Item
Full Name (Last, First, Middle Initial)  Ray McComb  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  230.76	Date of Receipt  03
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	230.76
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FOR LINE NUMBER: PAGE 45 OF 78 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Anthony B. Piagentini Date of Receipt Mailing Address 8735 Henderson Road 2016 25 City State Zip Code Transaction ID: SA11AI.24837 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Sue Podbielski Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24833 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Patrick Poland Date of Receipt Mailing Address 8735 Henderson Road 02 12 2016 City State Zip Code Transaction ID: SA11AI.23982 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Patrick Poland Date of Receipt Mailing Address 8735 Henderson Road 2016 26 City State Zip Code Transaction ID: SA11AI.24269 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Patrick Poland Date of Receipt Mailing Address 8735 Henderson Road 03 2016 11 City State Zip Code Transaction ID: SA11AI.24535 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 480.75 Full Name (Last, First, Middle Initial) c. Patrick Poland Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24782 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial)  Michael R. Polen  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  384.60	Date of Receipt  O1 29 2016  Transaction ID : SA11AI.23726  Amount of Each Receipt this Period  192.30  Memo Item
Full Name (Last, First, Middle Initial)  Michael R. Polen  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  576.90	Date of Receipt  O2 12 2016  Transaction ID : SA11AI.23969  Amount of Each Receipt this Period  192.30  Memo Item
Full Name (Last, First, Middle Initial)  Michael R. Polen  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  769.20	Date of Receipt  02 26 2016  Transaction ID : SA11AI.24256  Amount of Each Receipt this Period  192.30  Memo Item
SUBTOTAL of Receipts This Page (optional)		576.90
TOTAL This Period (last page this line number of	only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.24522 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24769 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1153.80 Full Name (Last, First, Middle Initial) **c.** Christopher Price Date of Receipt Mailing Address 8735 Henderson Road 25 03 2016 City State Zip Code Transaction ID: SA11AI.24844 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 423.06 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Marla P. Purvis Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.23987 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Marla P. Purvis Date of Receipt Mailing Address 8735 Henderson Road 02 26 2016 City State Zip Code Transaction ID: SA11AI.24274 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384,60 Full Name (Last, First, Middle Initial) c. Marla P. Purvis Date of Receipt Mailing Address 8735 Henderson Road 03 11 2016 Zip Code City State Transaction ID: SA11AI.24540 FL

Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 480.75	
UBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	288.45

33634

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Tampa

FEC ID number of contributing

federal political committee.

96.15

Amount of Each Receipt this Period

FOR LINE NUMBER: PAGE 51 OF 78 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Marla P. Purvis Date of Receipt Mailing Address 8735 Henderson Road 2016 25 City State Zip Code Transaction ID: SA11AI.24787 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Radu Date of Receipt Mailing Address 8735 Henderson Road 02 12 2016 City State Zip Code Transaction ID: SA11AI.23996 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Michael Radu Date of Receipt Mailing Address 8735 Henderson Road 26 02 2016 City State Zip Code Transaction ID: SA11AI.24283 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 76.92 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 249.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael Radu Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.24549 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 76.92 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Radu Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24796 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 461.52 Full Name (Last, First, Middle Initial) c. Joiel Yvette Ray-Alexander Date of Receipt Mailing Address 8735 Henderson Road 02 12 2016 City State Zip Code Transaction ID: SA11AI.23983 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 249.99 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 53 OF 78 Use separate schedule(s) for each category of the (check only one)

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc.	PAC (WellCa	are PAC)										
Full Name (Last, First, Middle Initial)  Joiel Yvette Ray-Alexander			Date of Receipt									
Mailing Address 8735 Henderson Road			02 26 2016									
City	State FL	Zip Code 33634	Transaction ID : SA11AI.24270									
Tampa  FEC ID number of contributing federal political committee.	C	33004	Amount of Each Receipt this Period  96.15									
Name of Employer WellCare Health Plans, Inc.	Occupation health care		Memo Item									
Receipt For:  Primary  General  Other (specify)		Year-to-Date ▼ 384.60	1									
Full Name (Last, First, Middle Initial)  3. Joiel Yvette Ray-Alexander  Mailing Address 8735 Henderson Road			Date of Receipt									
			03 11 2016									
City Tampa	State FL	Zip Code 33634	Transaction ID : SA11Al.24536  Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		96.15									
Name of Employer WellCare Health Plans, Inc.	Occupation health care		Memo Item									
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.75	]									
Full Name (Last, First, Middle Initial)  C. Joiel Yvette Ray-Alexander			Date of Receipt									
Mailing Address 8735 Henderson Road			03 25 2016									
City Tampa	State FL	Zip Code 33634	Transaction ID : SA11AI.24783  Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		96.15									
Name of Employer	Occupation		Memo Item									
WellCare Health Plans, Inc.	health care											
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	]									
SUBTOTAL of Receipts This Page (option	al)		288.45									
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SUBTOTAL of Receipts This Page (optional)	-	7	230.76		
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384.60

Zip Code

33634

State

FL

C

Occupation

health care

Aggregate Year-to-Date ▼

City

Tampa

FEC ID number of contributing

federal political committee.

WellCare Health Plans, Inc.

Other (specify)

General

Name of Employer

Primary

Receipt For:

2016

96.15

26

Transaction ID: SA11AI.24279

Amount of Each Receipt this Period

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lauralie M. Rubel Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.24545 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. Lauralie M. Rubel Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24792 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 576,90 Full Name (Last, First, Middle Initial) c. Rachael R. Rudd Date of Receipt Mailing Address 8735 Henderson Road 25 03 2016 City State Zip Code Transaction ID: SA11AI.24823 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christine Ruediger Date of Receipt Mailing Address 8735 Henderson Road 2016 25 City State Zip Code Transaction ID: SA11AI.24847 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Abby Dritz Salzer Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24820 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Marie E. Samerson Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24836 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elliott A. Shaw, Jr. Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.24550 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elliott A. Shaw, Jr. Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24797 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300,00 Full Name (Last, First, Middle Initial) c. Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 02 12 2016 City State Zip Code Transaction ID: SA11AI.23989 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify)

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 2016 26 City State Zip Code Transaction ID: SA11AI.24276 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 03 2016 11 City State Zip Code Transaction ID: SA11AI.24542 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 480.75 Full Name (Last, First, Middle Initial) c. Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24789 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 59 OF 78 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) A. Cynthia Thompson Date of Receipt Mailing Address 8735 Henderson Road 25 2016 City State Zip Code Transaction ID: SA11AI.24829 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 01 29 2016 City State Zip Code Transaction ID: SA11AI.23723 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384.60 Full Name (Last, First, Middle Initial) C.

Blair Todt		Date of Receipt
Mailing Address 8735 Henderson Road		02 12 2016
City	State Zip Code	Transaction ID : SA11AI.23966
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.30
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	576.90	

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FOR LINE NUMBER: PAGE 61 OF 78 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 2016 26 City State Zip Code Transaction ID: SA11AI.24252 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 03 2016 11 City State Zip Code Transaction ID: SA11AI.24519 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 961.50 Full Name (Last, First, Middle Initial) **c.** Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24766 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 62 OF Use separate schedule(s) (check only one)

_	EMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and State for commercial purposes, other than using the na		
$\rangle$	NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (	(WellCare PAC)	
۹.	Full Name (Last, First, Middle Initial) Lisa VanSteelant Mailing Address 8735 Henderson Road		Date of Receipt
	City	State Zip Code	03 25 2016 Transaction ID : SA11Al.24852
	Tampa	FL 33634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	38.46
	Name of Employer	Occupation	Memo Item
	WellCare Health Plans, Inc.	nealth care	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	230.76	
3.	Full Name (Last, First, Middle Initial) Ed Wang		Date of Receipt
	Mailing Address 8735 Henderson Road		03 11 2016
	City	State Zip Code	Transaction ID : SA11AI.24552
	Tampa	FL 33634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	41.66
	WallCara Haalth Plans Inc	Dccupation ealth care	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.30	
<del></del>	Full Name (Last, First, Middle Initial) Ed Wang		Date of Receipt
	Mailing Address 8735 Henderson Road		03 25 2016
	City	State Zip Code FL 33634	Transaction ID : SA11AI.24799
	Tampa	FL 33634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	41.66
	Name of Employer	Occupation	Memo Item
		nealth care	
		Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	249.96	
s	UBTOTAL of Receipts This Page (optional)		121.78
T	OTAL This Period (last page this line number onl	у)	

FOR LINE NUMBER: PAGE 63 OF 78 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Dale Washington Date of Receipt Mailing Address 8735 Henderson Road 2016 25 City State Zip Code Transaction ID: SA11AI.24834 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. William K. Watson Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24800 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240,00 Full Name (Last, First, Middle Initial) c. Jessica White Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24811 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 116.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 64 OF Use separate schedule(s) (check only one)

	MIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or f	information copied from such Reports and Sta or commercial purposes, other than using the n			
١.	WAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCa	re PAC)	
<b>4.</b> _ f	VellCare Health Plans, Inc. Receipt For: Primary General	State FL  C Occupation health care Aggregate	Zip Code 33634 Year-to-Date ▼	Date of Receipt  03 25 2016  Transaction ID : SA11AI.24839  Amount of Each Receipt this Period  38.46  Memo Item
3 M	Other (specify)  Full Name (Last, First, Middle Initial) Yan Xiong Mailing Address 8735 Henderson Road  Dity Tampa FEC ID number of contributing	State FL	Zip Code 33634	Date of Receipt  02 12 2016  Transaction ID: SA11AI.23990  Amount of Each Receipt this Period  96.15
1 V	VollCare Health Plans, Inc.	Occupation health care	Year-to-Date ▼  288.45	Memo Item
C ! ! ! !	, ,	State FL  C  Occupation health care Aggregate	Zip Code 33634 Year-to-Date ▼	Date of Receipt  02 26 2016  Transaction ID: SA11AI.24277  Amount of Each Receipt this Period  96.15  Memo Item
SU	IBTOTAL of Receipts This Page (optional)			230.76
TC	TAL This Period (last page this line number or	nly)	•	

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Use separate schedule(s) for each category of the	(che	ck only	or	ne)						
Detailed Summary Page	×	11a		11b		11c		12		_
., .,		13		14		15		16		17

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Yan Xiong Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.24543 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation health care WellCare Health Plans, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. Yan Xiong Date of Receipt Mailing Address 8735 Henderson Road 03 25 2016 City State Zip Code Transaction ID: SA11AI.24790 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 576,90 Full Name (Last, First, Middle Initial) c. Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 02 12 2016 City State Zip Code Transaction ID: SA11AI.23974 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation

288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

288.45

health care

Aggregate Year-to-Date ▼

WellCare Health Plans, Inc.

Other (specify)

General

Receipt For:

Primary

FOR LINE NUMBER: PAGE 66 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than	rts and Statements may not be sold or used by an using the name and address of any political comm	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, In	c. PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Michael Carl Yount  Mailing Address 8735 Henderson Roc  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼	Date of Receipt  02 26 2016  Transaction ID : SA11AI.24261  Amount of Each Receipt this Period  96.15  Memo Item
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Michael Carl Yount  Mailing Address 8735 Henderson Roa	384.60	Date of Receipt
City Tampa  FEC ID number of contributing federal political committee.	State Zip Code FL 33634	03 11 2016  Transaction ID : SA11Al.24527  Amount of Each Receipt this Period  96.15
Name of Employer WellCare Health Plans, Inc.  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation health care  Aggregate Year-to-Date ▼  480.75	Memo Item
Full Name (Last, First, Middle Initial)  Michael Carl Yount  Mailing Address 8735 Henderson Ro  City	State Zip Code	Date of Receipt  03 25 2016  Transaction ID : SA11AI.24774
Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  □ Primary □ General  Other (specify) ▼	C Occupation health care  Aggregate Year-to-Date ▼  576.90	Amount of Each Receipt this Period  96.15  Memo Item
SUBTOTAL of Receipts This Page (op	tional)	> 288.45
TOTAL This Period (last page this line	number only)	•

FOR LINE NUMBER: PAGE 67 OF 78 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Carlene C. Zincke Date of Receipt Mailing Address 8735 Henderson Road 2016 25 City Zip Code State Transaction ID: SA11AI.24809 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 38.46 SUBTOTAL of Receipts This Page (optional)..... 16353.44 TOTAL This Period (last page this line number only).....

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PAC (W	e and address of any political		
Full Name (Last, First, Middle Initial)  A. Brady for Congress  Mailing Address P. O. Box 8277			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
The Woodlands  Purpose of Disbursement contribution  Candidate Name  Kevin Brady  Office Sought: House Disbursem	ent For: 2016	Category/ Type	Transaction ID : SB23.24238  Amount of Each Disbursement this Period  5000.00  Memo Item
	Primary General  Other (specify) ▼		Date of Disbursement
Elmhurst Purpose of Disbursement contribution  Candidate Name  Joseph Crowley  Office Sought:  House Senate President  President	ent For: 2016 Primary General Other (specify)	Category/ Type	Transaction ID : SB23.23718  Amount of Each Disbursement this Period  5000.00  Memo Item
Elmhurst Purpose of Disbursement contribution  Candidate Name  Joseph Crowley  Office Sought:  House Senate  Disbursem	tate Zip Code NY 11373  ent For: 2016 Primary General Other (specify)	Category/ Type	Date of Disbursement  M M Z 2016  Transaction ID : SB23.23719  Amount of Each Disbursement this Period  5000.00  Memo Item
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)			15000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (V	•		The state of the s
Full Name (Last, First, Middle Initial)	0		Data of Dishurament
A. Democratic Congressional Campai	gn Committee		Date of Disbursement
Mailing Address 430 S. Capitol Street, S.E.			01 15 2016
,	State Zip Code		Transaction ID : SB23.23717
Washington Purpose of Disbursement	DC 20003		
contribution		· · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	45000.00
		Type	15000.00
	nent For: Primary ☐ General Other (specify) ▼		Memo Item
State: District:			
Full Name (Last, First, Middle Initial)  B. Democratic Senatorial Campaign C	Committee		Date of Disbursement
Mailing Address 120 Mandand Avenue N.E.			03 14 2016
Mailing Address 120 Maryland Avenue, N.E.			03 14 2010
•	State Zip Code		Transaction ID : SB23.24518
Washington Purpose of Disbursement	DC 20002		
contribution		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	15000.00
	nent For:  Primary General  Other (specify)		Memo Item
Full Name (Last, First, Middle Initial) C. Friends of Patrick Murphy			Date of Disbursement
Mailing Address 4521 PGA Blvd., #412			02 26 7 2016
City	State Zip Code		
Palm Beach Gardens	FL 33418		Transaction ID : SB23.24250
Purpose of Disbursement contribution			
Candidate Name			Amount of Each Disbursement this Period
Patrick Murphy		Category/ Type	2500.00
Office Sought:  House Senate President  Disbursen	nent For: 2016 Primary General Other (specify) ▼	1906	Memo Item
State: FL District: 00			
SUBTOTAL of Disbursements This Page (optional)		·····•	32500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 70 OF 78
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information conical from such Department 21	nonto moss material a		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	115 51 5, po		
Wellcare Health Plans, Inc. PAC (V	VellCare PAC)		
Full Name (Last, First, Middle Initial)			
A. Friends of Schumer			Date of Disbursement
Mailing Address 192 Lexington Avenue, #1001			03 07 2016
	State Zip Code		Transaction ID : SB23.24514
New York Purpose of Disbursement	NY 10016		-
contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Charles Schumer		Type	2500.00
	nent For: 2016		Memo Item
	Primary General		<del></del>
State: NY District: 00	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
3. Jason Smith for Congress			Date of Disbursement
Mailing Address P. O. Box 1324			01 26 2016
	State Zip Code		Transaction ID : SB23.23720
Cape Girardeau Purpose of Disbursement	MO 63702		· · · · · · · · · · · · · · · · · · ·
contribution			Amount of Each Disbursement this Period
Candidate Name		Catagony	
Jason T. Smith		Category/ Type	2500.00
Senate	nent For: 2016 Primary General Other (specify)		Memo Item
State: MO District: 08	(opeony) <b>\</b>		
Full Name (Last, First, Middle Initial)	DAC		Date of Disbursement
Medicaid Health Plans of America I	PAC		M M / D D / Y Y Y Y
Mailing Address 1150 18th Street, N.W., #1010			02 15 2016
City	State Zip Code		Transaction ID : SB23.24227
	DC 20036		Transaction is . Obzo.2-227
Purpose of Disbursement contribution			Amount of Fook Dishurasment this Devied
Candidate Name		Category/	Amount of Each Disbursement this Period 2500.00
Office Sought: House Disbursem	nent For:	Type	
	Primary General		Memo Item
	Other (specify) ▼		
State: District:	·		
,			
SUBTOTAL of Disbursements This Page (optional)		·····•	7500.00
TOTAL This Period (last nage this line number only)			

SCHEDULE B (FEC Form 3X)	Lloo concrete este dute (-)	FOR LINE	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 💢 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)	The second of any points		22.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.
Wellcare Health Plans, Inc. PAC (V	VellCare PAC)		
Full Name (Last, First, Middle Initial)	l <b>O</b>		Data of Dishurasment
A. National Republican Congressiona	Committee		Date of Disbursement
Mailing Address 320 First Street, S.E.			01 11 2016
	State Zip Code		Transaction ID : SB23.23700
Washington Purpose of Disbursement	DC 20003		
contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	15000.00
Office Sought: House Disbursen	pent For:	Type	
	Primary General		Memo Item
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)	on on itt o		Date of Disbursement
National Republican Senatorial Col	mmuee		Mam / Dab / Yayayay
Mailing Address 425 Second Street, N.E.			01 15 2016
,	State Zip Code DC 20002		Transaction ID : SB23.23716
Purpose of Disbursement			
contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	15000.00
Office Sought: House Disbursem	nent For:	1,900	Memo Item
	Primary General		
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
Republican Party of Kentucky			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P. O. Box 1068			02 17 2016
City	State Zip Code		Transaction ID : SB23.24241
Frankfort Purpose of Disbursement	KY 40602		1141134041011 ID . OD23.24241
contribution		· · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Туре	5000.00
Office Sought: House Disbursen Senate	nent For:  Primary General		Memo Item
	Other (specify)		
State: District:	• • • •		
			25000.00
SUBTOTAL of Disbursements This Page (optional)		·····•	35000.00
TOTAL This Period (last nage this line number only)			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.  NAME OF COMMITTEE (in Full)  Wellcare Health Plans, Inc. PAC (WellCare PAC)  Full Name (Last, First, Middle Initial)  A. Richard Burr Committee, The  Mailing Address P. O. Box 5928  City  State  Veryose of Disbursement  Candidate Name  Richard Burr  Office Sought:  Full Name (Last, First, Middle Initial)  Senate  President  State:  City  State  Zip Code  Primary  Other (specify)  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  House  Disbursement For:  Senate  President  Category/ Type  Office Sought:  House  Disbursement For:  Senate  President  Category/ Type  Office Sought:  House  Disbursement For:  Senate  President  Category/ Type  Office Sought:  House  Disbursement For:  Senate  President  Category/ Type  Office Sought:  House  Disbursement For:  Senate  President  Category/ Type  Office Sought:  House  Disbursement For:  Senate  President  Category/ Type  Office Sought:  House  Disbursement For:  Senate  President  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	•
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  Wellcare Health Plans, Inc. PAC (WellCare PAC)  Full Name (Last, First, Middle Initial)  A. Richard Burr Committee, The  Mailing Address P. O. Box 5928  City State Zip Code Winston-Salem NC 27/13  Purpose of Disbursement contribution  Candidate Name  Richard Burr  Office Sought: House President Primary General Primary Gene	ITEMIZED DISBURSEMENTS	for each category of the	21b	22 🗙 23 🔲 24 🔲 25 🖂 26
NAME OF COMMITTEE (in Full)  Wellcare Health Plans, Inc. PAC (WellCare PAC)  Full Name (Last, First, Middle Initial)  Alling Address  City  State  Primary  State  City  State  Senate  Primary  Other (specify)  Full Name (Last, First, Middle Initial)  Mailing Address  City  State  City  State  State  State  State  City  State  City  State  City  State  City  State  State  City  State  State  City  State  City  State  S				
A Richard Burr Committee, The  Mailing Address P. O. Box 5928  City State Zip Code NC 27113  Purpose of Disbursement Contribution  Candidate Name  Richard Burr  Office Sought: House President State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House President State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  Category/ Office Sought: House Senate Primary General	NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PAC (W	•		COLOR COMMISSION FOR SOME SOME SOME SOME SOME SOME SOME SOME
Mailing Address P. O. Box 5928  City State Zip Code NC 27113  Purpose of Disbursement contribution Candidate Name Richard Burr  Office Sought: House President State: NC District: 00  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Shate: NC District: 00  Full Name (Last, First, Middle Initial)  Mailing Address  City State: Disbursement For: Disbursemen	_			Date of Dishursement
Winston-Salem NC 27113 Purpose of Disbursement Candidate Name Category/ Office Sought:  House Purpose of Disbursement Candidate Name Category/ Office Sought:  Mailing Address City State:  Disbursement For: Category/ Type  Office Sought:  We shall be president Category/ Type  Date of Disbursement  Amount of Each Disbursement  Date of Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Category/ Type  Office Sought:  House President State:  Disbursement  Disbursement For: Senate President State:  District:  Full Name (Last, First, Middle Initial)  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Memo Item  Category/ Type  Memo Item  Category/ Type  Memo Item  State:  Disbursement For: Senate President Other (specify) ▼  Subtotal of Disbursement this Period  Category/ Type  Memo Item  Category/ Ty				M M / D D / Y Y Y Y
Winston-Salem Purpose of Disbursement Contribution  Category/ Type  City  City  State:  City  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Memoltem  Amount of Each Disbursement this Period  Category/ Type  Memoltem  Amount of Each Disbursement this Period  Category/ Type  Memoltem  Amount of Each Disbursement this Period  Category/ Type  Memoltem  Amount of Each Disbursement this Period  Category/ Type  Memoltem  Amount of Each Disbursement this Period  Category/ Type  Memoltem  Amount of Each Disbursement this Period  Category/ Type  Memoltem  Amount of Each Disbursement this Period  Category/ Type  Memoltem  Amount of Each Disbursement this Period  Category/ Type  Memoltem  Amount of Each Disbursement this Period  Category/ Type  Memoltem  Amount of Each Disbursement this Per	City	State Zip Code		Transportion ID - CD00 04545
Contribution Candidate Name Richard Burr  Office Sought:		NC 27113		Transaction ID: SB23.24515
Richard Burr  Office Sought: House Senate President State: NC District: 00  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period Category/ Type  Office Sought: House Senate President State: Disbursement For: Disbursement Tother (specify) ▼  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period Category/ Type  Office Sought: House Senate Primary General President State: District:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period Category/ Type  Memoltem  Date of Disbursement this Period Category/ Type  Memoltem  Date of Disbursement this Period Category/ Type  Office Sought: House Category/ Type  Office Sought: House Disbursement For: Senate President Senate President Other (specify) ▼  State: District: District: Memoltem Primary General President Senate President Senate President Senate President Other (specify) ▼  Subtotal of Disbursement This Page (optional)				Amount of Each Disbursement this Period
Office Sought:				2500.00
Senate President Other (specify)  State: NC District: 00  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement For: General Primary General Other (specify)   Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General President Other (specify)   State: District:  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify)   Substortal of Disbursements This Page (optional)		pont For: 2016	Туре	
Amount of Each Disbursement  Category/ Type  Office Sought: House Senate Primary General Purpose of Disbursement  State: District:  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Memo Item  Date of Disbursement this Period  Amount of Each Disbursement this Period  Date of Disbursement this Period  Category/ Type  Date of Disbursement  Candidate Name  Candidate Name  Disbursement For: Candidate Name  Disbursement For: Primary General Primary General Office Sought: House Primary General President State: District:  Substock Substracts  Disbursements This Page (optional)	Senate President	Primary General		Memo Item
Date of Disbursement  Candidate Name  Candidate Name  Office Sought: House Primary General Other (specify)  Mailing Address  City State Zip Code  Purpose of Disbursement This Page (optional)				
City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Amount of Each Disbursement this Period  Date of Disbursement  Category/ Type  Office Sought: House Senate Primary General Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Substortal of Disbursement For: Gategory/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Substortal of Disbursements This Page (optional)	Full Name (Last, First, Middle Initial) <b>B.</b>			
Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify)   State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement this Period  Amount of Each Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Other (specify)   State: District:  Substract  Substr	Mailing Address			
Candidate Name    Category/ Type	City	state Zip Code		
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Substortal of Disbursements This Page (optional)	Purpose of Disbursement			Amount of Fools Dishumonsont this Deviced
Office Sought: House Senate Primary General Other (specify) State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) Memoltem  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify) Memoltem  State: District:  Substock Senate Primary General Other (specify) Memoltem	Candidate Name	I		Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Primary General Other (specify)  State: District:  Subtrotal of Disbursements This Page (optional)	Senate President	Primary General	,,	Memo Item
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General Other (specify)  State: District:  Subtotal of Disbursement This Page (optional)				
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)  State: District:  Substitute State St	C.			
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Subtrotal of Disbursements This Page (optional)	Mailing Address			
Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  Subtrotal of Disbursements This Page (optional)	City	itate Zip Code		
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Substruct: Disbursements This Page (optional)	Purpose of Disbursement			
Office Sought: House Senate Primary General Other (specify)  State: District: Memo Item  Subtrotal of Disbursements This Page (optional)	Candidate Name			
205101AE 01 Disbursements This 1 age (optional)	Senate President	Primary General	1,500	
00500.00	SUBTOTAL of Disbursements This Page (ontional)			2500.00
				20700 22

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	one) 22 23 24 25 26			
Any information copied from such Reports and Statem	ents may not be sold or used					
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PAC (W	•	committee to	solicit contributions from such committee.			
Full Name (Last, First, Middle Initial)  A. ASA PAC State  Mailing Address P. O. Box 242657			Date of Disbursement  O2 15 2016			
	tate Zip Code		02 10 2010			
Little Rock	AR 72223		Transaction ID: SB29.24236			
Purpose of Disbursement non-federal contribution  Candidate Name		Category/ Type	Amount of Each Disbursement this Period 2000.00			
	ent For:  Primary General  Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial)  Gindy Burkett Campaign			Date of Disbursement			
Mailing Address P. O. Box 850975			02 24 2016			
,	tate Zip Code TX 75185		Transaction ID : SB29.24249  Amount of Each Disbursement this Period			
Candidate Name	١,	Category/ Type	750.00			
	ent For:  Primary General  Other (specify)	Туро	Memo Item			
Full Name (Last, First, Middle Initial) C. Citizens for Susan Martin			Date of Disbursement			
Mailing Address P. O. Box 8157			01 11 2016			
Wilson	tate Zip Code NC 27893		Transaction ID: SB29.23702			
Purpose of Disbursement non-federal contribution  Candidate Name		Category/ Type	Amount of Each Disbursement this Period 500.00			
	ent For:  Primary General  Other (specify) ▼	-75-2	Memo Item			
SUBTOTAL of Disbursements This Page (optional)						
			3230.00			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	NE NUMBER: PAGE 74 OF 78			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30			
Any information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (W	VellCare PAC)					
Full Name (Last, First, Middle Initial)			Data of Dishurasment			
A. Committee to Elect Marilyn Avila			Date of Disbursement			
Mailing Address 11312 Derby Lane			01 11 2016			
Raleigh	State Zip Code NC 27613		Transaction ID : SB29.23709			
Purpose of Disbursement non-federal contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/ Type	500.00			
President	nent For: Primary General Other (specify)		Memo Item			
State: District:  Full Name (Last, First, Middle Initial)						
B. Friends of Dr. Greg Murphy			Date of Disbursement			
Mailing Address P. O. Box 20453			01 11 2016			
Greenville	State Zip Code NC 27858		Transaction ID : SB29.23713			
Purpose of Disbursement non-federal contribution		· · ·	Amount of Each Disbursement this Period			
Candidate Name		Category/ Type	250.00			
	nent For: Primary General Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial)  C. Gary Van Deaver Campaign			Date of Disbursement			
Mailing Address 1101 Hwy. 98			02 24 2016			
•	State Zip Code TX 75570		Transaction ID : SB29.24248			
Purpose of Disbursement non-federal contribution  Candidate Name		Category/	Amount of Each Disbursement this Period 500.00			
	nent For: Primary General Other (specify) ▼	Туре	Memo Item			
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).			1250.00			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 75 OF 78
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c X 29 30b
Any information copied from such Departs and Chite-	onte may not be sald or		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Wellcare Health Plans, Inc. PAC (V	VellCare PAC)		
Full Name (Last, First, Middle Initial)			B . (B)
House Republican Caucus			Date of Disbursement
Mailing Address 105 W. 3rd Street	7'- 0-4-		02 17 2016
•	State Zip Code KY 40601		Transaction ID: SB29.24239
Purpose of Disbursement	40001		
non-federal contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Office Cought	and Fam	Type	2000.00
Office Sought: House Disburser Senate	nent For:  Primary General		Memo Item
	Other (specify)		
State: District:	(1 ° 2/ ♥		
Full Name (Last, First, Middle Initial)			
3. John Frullo Cammpaign			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P. O. Box 64010	7: 0		02 24 2016
	State Zip Code TX 79464		Transaction ID : SB29.24247
Purpose of Disbursement			
non-federal contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	750.00
Office Sought: House Disbursem	nent For:	Туре	
	Primary General		Memo Item
	Other (specify) ▼		
State: District:	·		
Full Name (Last, First, Middle Initial)			
C. Louis Pate Election Committee			Date of Disbursement
Mailing Address 402 Mars-Hitle Chrost			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 102 Meredith Street			01 11 2016
City	State Zip Code		Transaction ID : SB29.23706
	NC 28365		Hansaction ID: 3B29.23706
Purpose of Disbursement non-federal contribution			
Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	1000.00
Office Sought: House Disbursem	nent For:	71	Memo Item
	Primary General		
	Other (specify)		
State: District:			
SUPTOTAL of Disburgaments This Base (antismal)			4250.00
SUBTOTAL of Disbursements This Page (optional)		·····•	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 76 OF 78
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c <b>X</b> 29 30b
Any information conicd from such December 2015	conto mou set les estat e		
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	, , ,		
Wellcare Health Plans, Inc. PAC (V	VellCare PAC)		
Full Name (Last, First, Middle Initial)			2. (2.)
McGrady Campaign Committee			Date of Disbursement
Mailing Address P. O. Box 723	Ptoto Zin Codo		01 11 2016
,	State Zip Code NC 28793		Transaction ID : SB29.23711
Purpose of Disbursement	20100		
non-federal contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Office Sought: House Disbursen	nent For:	Type	
	Primary General		Memo Item
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Data of Bisham
3. Phil Berger Committee			Date of Disbursement
Mailing Address P. O. Box 1309			01 11 2016
,	State Zip Code		Transaction ID : SB29.23715
Eden Purpose of Disbursement	NC 27289		
non-federal contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2222.22
0.5		Туре	2000.00
Office Sought: House Disbursen Senate	nent For:  Primary General		Memo Item
	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			
C. Ralph Hise for North Carolina Sena	ate		Date of Disbursement
Mailing Address P. O. Box 86			01
City	State Zip Code		Transaction ID - CD00 00705
	NC 28777		Transaction ID: SB29.23705
Purpose of Disbursement non-federal contribution			Amount of Fook Diskursons and this David
Candidate Name		Category/	Amount of Each Disbursement this Period
		Type	1000.00
Office Sought: House Disbursen			Memo Item
	Primary General		
State: District:	Other (specify) ▼		
z z z z z z z z z z z z z z z z z z z			
SUBTOTAL of Disbursements This Page (optional)			4000.00
TOTAL This Period (last nage this line number only)			

SCHEDULE B (FEC Form 3X)	Use separate schedule	FOR LINE (check only	FOR LINE NUMBER: PAGE 77 OF 78		
ITEMIZED DISBURSEMENTS	for each category of th Detailed Summary Pag	ie Concor only	22 23 24 25 26 28a 28b 28c × 29 30		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PAC (V			The second secon		
Full Name (Last, First, Middle Initial)			Date of Disbursement		
A. Republican Party of Kentucky			Date of Disbursement		
Mailing Address P. O. Box 1068			02 17 2016		
City S Frankfort	State Zip Code KY 40602		Transaction ID : SB29.24242		
Purpose of Disbursement non-federal contribution	40002	· · ·	Amount of Each Disbursement this Period		
Candidate Name		Catagony			
		Category/ Type	2500.00		
	nent For: Primary Genera Other (specify) ▼	ıl	Memo Item		
State: District:					
Full Name (Last, First, Middle Initial)  3. Sarah Davis for State Representati	ive Campaign		Date of Disbursement		
Mailing Address 4203 Tennyson Street			02 24 2016		
Houston	State Zip Code TX 77005		Transaction ID : SB29.24243		
Purpose of Disbursement non-federal contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	1000.00		
	nent For: Primary Genera Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial)					
Senator Eddie Williams Campaign	Fund		Date of Disbursement		
Mailing Address 401 Cobbleston Drive			02 15 2016		
Cabot	State Zip Code AR 72023		Transaction ID : SB29.24234		
Purpose of Disbursement non-federal contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/	Amount of Each Disbursement this Period		
Office Sought: House Disbursem	nent For: Primary Genera	Type	Memo Item		
	Other (specify) ▼				
President			4500.00		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of coliciting contributions from such Category/ Type    Disbursement   President   Primary   General	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
Amount of Each Disbursement    Name (Last, First, Middle Initial)	TEMIZED DISBURSEMENTS	for each category of the	21b	22 23 24 25 26
NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PAC (WellCare PAC)  Full Name (Last, First, Middle Initial)  Senator Jane English Campaign Fund  Mailing Address 3 Great Oak Court  City North Little Rock AR 72116  Purpose of Disbursement On-lederal contribution  Cardidate Name  District:  Full Name (Last, First, Middle Initial)  Tommy Tucker for NC Senate  Mailing Address 1206 Rosehill Drive  City Waxhave NC 28173  Disbursement For: Sanate Primary General  Date of Disbursement Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Transaction ID: \$829,24230  Amount of Each Disbursement Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Transaction ID: \$829,24230  Amount of Each Disbursement Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Transaction ID: \$829,24230  Amount of Each Disbursement this Period  Transaction ID: \$829,24230  Amount of Each Disbursement this Period  Transaction ID: \$829,24230  Amount of Each Disbursement this Period  Transaction ID: \$829,24230  Amount of Each Disbursement this Period  Transaction ID: \$829,24230  Amount of Each Disbursement this Period  Transaction ID: \$829,24230  Amount of Each Disbursement this Period  Transaction ID: \$829,24230  Amount of Each Disbursement this Period  Transaction ID: \$829,24230  Amount of Each Disbursement this Period  Transaction ID: \$829,24230  Amount of Each Disbursement this Period  Transaction ID: \$829,24230  Amount of Each Disbursement this Period  Transaction ID: \$829,24230  Amount of Each Disbursement this Period  Transaction ID: \$829,24230  Amount of Each Disbursement this Period  Transaction ID: \$829,24230  Amount of Each Disbursement this Period  Transaction ID: \$829,24230  Amount of Each Disbursement this Period  Transaction ID: \$829,24230  Amount of Each Disbursement this Period  Transaction ID: \$829,24230  Amount of Each Disbursement this Period  Transaction ID: \$829,24230  Transaction ID: \$829,24230  Transaction				
Assention Jane English Campaign Fund  Mailing Address 3 Great Oak Court  City State Zip Code AR 72116  Purpose of Disbursement non-deferal contribution  Candidate Name  Category/ Type  City State Zip Code AR 72116  President Disbursement For: Category/ Type  Category/ Type  Memo Item  Date of Disbursement Itis Period  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Date of Disbursement Itis Period  Amount of Each Disbursement Itis Period  Category/ Type  Date of Disbursement Itis Period  Transaction ID : SB29.24230  Amount of Each Disbursement Itis Period  City State Zip Code NC 28173  Purpose of Disbursement  non-deferal contribution  Candidate Name  Category/ Type  Disbursement For: Senate Primary General Disbursement For: Category/ Type  Transaction ID : SB29.23707  Amount of Each Disbursement this Period  Memo Item  Date of Disbursement Itis Period  Category/ Type  Total Name (Last, First, Middle Initial)  Amount of Each Disbursement Itis Period  Category/ Type  Total Name (Last, First, Middle Initial)  Date of Disbursement  Candidate Name  Category/ Type  Disbursement  Candidate Name  Category/ Category/ Type  Memo Item  Amount of Each Disbursement Itis Period  Category/ Type  Memo Item  Date of Disbursement  Candidate Name  Category/ Type  Memo Item  Memo Item  Date of Disbursement Itis Period  Category/ Type  Memo Item  Date of Disbursement Itis Period  Category/ Type  Memo Item  Memo Item	NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (V		ar committee to	Solicit contributions from such committee.
Mailing Address 3 Great Oak Court  City  North Little Rock  AR  72116  Furpose of Disbursement non-federal contribution  Candidate Name  City  Make Senate President  Disbursement For:  State:  Disbursement For:  Senate President  Disbursement For:  Senate President  Disbursement For:  Senate President  Date of Disbursement non-federal contribution  Candidate Name  Category/ 1000.00  Transaction ID: SB29.24230  Amount of Each Disbursement this Period  Memo Item  Transaction ID: SB29.24230  Amount of Each Disbursement Date of Disbursement  Other (specify) ▼  Transaction ID: SB29.24230  Amount of Each Disbursement  Other (specify) ▼  Transaction ID: SB29.24230  Amount of Each Disbursement Date of Disbursement  Other (specify) ▼  Transaction ID: SB29.24707  Amount of Each Disbursement this Period  Memo Item  Date of Disbursement  Other (specify) ▼  Transaction ID: SB29.23707  Amount of Each Disbursement Inon-faderal contribution  Category/ Type  Transaction ID: SB29.24709  Amount of Each Disbursement Inon-faderal contribution  Category/ Type  Transaction ID: SB29.24709  Amount of Each Disbursement Inon-faderal contribution  Category/ Type  Other (specify) ▼  Amount of Each Disbursement Inin Period  Category/ Type  Office Sought: House President Disbursement For:  Senate President Disbursement For:  Other (specify) ▼  Amount of Each Disbursement Inin Period  Amount of Each Disbursement Inin Period  Category/ Type  Memo Item  Amount of Each Disbursement Inin Period  Other (specify) ▼  Amount of Each Disbursement Inin Period  Other (specify) ▼  Memo Item  Amount of Each Disbursement Inin Period  Other (specify) ▼  Other (specify) ▼  Amount of Each Disbursement Inin Period  Other (specify) ▼  Memo Item  Disbursement Inin Period  Other (specify) ▼  Other (sp		. 1		Data of Dishurament
Mailling Address 3 Great Oak Court  City	Senator Jane English Campaign Fi	una		
North Little Rook	Mailing Address 3 Great Oak Court			
North Little Rock  AR	•			Transaction ID : SB29.24230
non-federal contribution  Candidate Name  Category' Type  Disbursement For: Sonate President State: Dishirict: Full Name (Last, First, Middle Initial) Candidate Name  Disbursement For: Sonate President Disbursement Disburseme		AR 72116		
Office Sought: House Senate Primary General Other (specify)      State: District: Senate President Other (specify)     State: District: Senate President Other (specify)     Date of Disbursement				Amount of Each Disbursement this Period
Office Sought:	Candidate Name		Category/	1000.00
Senate Prisident Other (specify)  State: District:  Full Name (Last, First, Middle Initial) Tommy Tucker for NC Senate  Mailing Address 1206 Rosehill Drive  City State Zip Code NC 28173  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: House Prisident State: District:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify)   State: District:	Office Coursely House			1000.00
Full Name (Last, First, Middle Initial)  Tommy Tucker for NC Senate  Mailing Address 1206 Rosehill Drive  City	Senate	Primary General		Memo Item
Date of Disbursement  Mailing Address 1206 Rosehill Drive  City State Zip Code NC 28173  Purpose of Disbursement non-federal contribution  Candidate Name  Disbursement For:  Senate Primary General Other (specify) ▼  City State Zip Code  Purpose of Disbursement this Period  Memo Item  Date of Disbursement  Transaction ID: SB29.23707  Amount of Each Disbursement this Period  Memo Item  Date of Disbursement  Transaction ID: SB29.23707  Amount of Each Disbursement this Period  Date of Disbursement this Period  Type  Office Sought: House Disbursement For:  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For:  Senate Primary General Other (specify) ▼  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Other (specify) ▼  Memo Item	State: District:			
City State Zip Code Waxhaw NC 28173  Purpose of Disbursement non-federal contribution  Candidate Name  Category/ Type  Office Sought: House Primary General President State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement For: Senate Candidate Name  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement  Candidate Name  Office Sought: House Disbursement For: Senate President Disbursement For: Senate Primary General Other (specify) ✓  Office Sought: House Disbursement For: Memo Item  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Office Sought: House Disbursement For: Memo Item  Senate President Other (specify) ✓  Memo Item	•			Date of Disbursement
Waxhaw	Mailing Address 1206 Rosehill Drive			
Waxhaw	City	State Zip Code		
non-federal contribution  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Disbursement For:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement this Period  Amount of Each Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  State: District:	Waxhaw			Transaction ID : SB29.23707
Office Sought: House Senate Primary General Other (specify)   Full Name (Last, First, Middle Initial)  Candidate Name  Office Sought: House Senate Primary General Other (specify)   City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify)   Office Sought: House Senate Primary General Other (specify)   State: District: Memo Item  Amount of Each Disbursement this Period Memo Item  Memo Item				Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:	Senate President	Primary General	,,	Memo Item
Date of Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General Other (specify) ▼  State: District:				
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Amount of Each Disbursement this Period  Category/ Type  Memo Item	Full Name (Last, First, Middle Initial)			
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)  State: District:  Amount of Each Disbursement this Period  Category/ Type  Memo Item	Mailing Address			M - M / D - D / T - T - T - T
Candidate Name  Category/ Type  Office Sought: House Senate Primary General President  President Other (specify) ▼  Amount of Each Disbursement this Period  Memo Item	City	State Zip Code		
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Category/ Type  Memo Item	Purpose of Disbursement			
Office Sought: House Senate Primary General Other (specify) ▼  State: District: Memo Item	Candidate Name			
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary General		
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